

Case Number:	CM15-0175052		
Date Assigned:	09/16/2015	Date of Injury:	03/06/1995
Decision Date:	10/22/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is an 81 year old female who sustained an industrial injury on 3-6-95. She was diagnosed with T12 L1 incomplete paraplegia cauda equina conus medullaris syndrome. Related issues she is being treated for include: neurogenic bowel and bladder, chronic bilateral lower extremity edema, plasticity, neuropathic pain, history of DVT and pulmonary embolism, dyslipidemia, recurrent urinary tract infections, chronic low back pain, obesity, reflux, osteoporosis, gastric ulcer, dental problems, bilateral knee pain, shoulder pain, cognitive disorder, sleep disorder and fall risk. She received prolia injections through endocrinology. She is high risk for skin breakdown secondary to her limited weight bearing due to spinal cord injury. Surgical follow up and x-ray of right knee were okay and the knee is doing well. The injured worker states her left hip is doing well. She continues to require 24 hour around the clock care. Her poor dental condition has been determined secondary to excessive dry mouth. Plan of care includes: continue primary care for internal medicine needs, continue urology for neurogenic bladder management, continue endocrinology, continue psychiatry, continue orthopedic, continue neurosurgery spine care, continue recommended 24 hour attendant care, recommend case management for coordination of care, recommend rehab nursing visits, ongoing pain management, recommend regular exercise through gym program, routine follow up dental care, continues to require regular rehab follow up every four months as needed. Work status: permanently totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dental treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - Dental trauma treatment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient has received approval for dental care in the past for poor dental condition secondary to the excessive dry mouth. This was due to medication side effect. UR dentist has approved Dental consultation x1. Evaluating doctor is recommending dental treatment. However the requesting doctor is recommending a non-specific dental treatment plan In this case. It is unclear to this reviewer on what kind of specific dental treatment this doctor is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.